Submit 5 Copies
Appropriate District Office
DISTRICT J
P.O. Box 1980, Hobbit, NM 88240

State of New Mexico rgy, Minerals and Natural Resources Departs

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Breck Operating Corp. Address Box 911 Breckenridge, TX 76424-0911 Reason(s) for Filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Dry Gas Recompletion \Box Oil Change in Operator Casinghead Gas X Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No. Bate "A" 3 State Federa or Fee Vada Penn NM-058677 Location 660 Feet From The South Line and 660 Feet From The East Unit Letter ___ Section 22 Township 8S Range 36E ,NMPM, Roosevelt County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil Address (Give address to which approved copy of this form is to be sent) Enron Oil Trading & Tre Offo Energy Coup any P.O. Box 1188 Houston, TX 77251-1188 Name of Authorized Transporter of Casingh Pffeet [V X] - 1 - 3ry Cas Address (Give address to which approved copy of this form is to be sent) Trident NGL, Inc P.O. Box 50250 Midland, If well produces oil or liquids, Unit Sec. Twp Rge. is gas actually connected? When ? give location of tanks. l G 22 | 8S | 36E Yes 9-1-66 If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well | Workover Deepen Plug Back Same Res'v Diff Res'y Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (DF, RKB, AT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE **DEPTH SET** SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test **Tubing Pressure** Casing Pressure Choke Size Actual Prod. During Test Oil - Bbls. Water - Bbla Gas- MCF **GAS WELL** Actual Prod. Test - MC 7D Length of Test Bbls. Condensate/MMCF Gravity of Condensate l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Orig. Signed by, Signature Clerk Paul Kautz <u>Belinda Lawler</u> Production Geologist, Printed Name

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

9-27-91

Date

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

Title_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

(817) 559-3355

Title

Telephone No.

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Senarate Form C-104 must be filed for each root in multiply complated malla